	1. DATE SUBMITTED March 3, 2000						
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).							
2. ORIGINATOR OFFICE NWS Pacific Region Headquarters (PRH)	3. SUBMITTING AUTHORITY Name: Jay R. del Cano Routing Code: W/PR11	4. COGNIZANT TECH Name: Paul Jendrow Routing Code: HFO: Phone: (808) 973-52	HNICAL INDIVIDUAL ski 500	5. ORIGINATOR TRACKING NUMBER PRH00-103H			
6. SYSTEMS AFFECTED BY (7. WSH TRACKING NUMBER NWS 557						
8. TITLE OF CHANGE Additional Mass Storage to HFO AWIPS							
			10. SITES AFFECTED (Atta Honolulu WFO (HFO)	Attach Part B, Page 2, if needed)			
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) Much of operational data used by the Honolulu Forecast Office (HFO) is locally ingested and is not available via the AWIPS communication network (ACN). These additional data (satellite and model) are critical to the operations of the forecast office. These data are required to be accessible via the AWIPS workstations in order to commission the HFO AWIPS. 12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) Upgrade HFO AWIPS to RFC mass storage configuration to handle locally ingested model and satellite data (addition of a minimum of 4 GB of mass storage required). 13. ALTERNATE SOLUTIONS None. 15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.)							
May 1, 2000 Proposed commissioning date of HFO AWIPS is in August.							
CCB/PMC/CMB DECISION							
16. DECISION AUTHORITY LEVEL CCB LEVEL ONLY 17. CCB LEVEL DECISION APPROVED RECOMMEND AP DISAPPROVED			PMC or NWS CMB DECISION REQUIRED SIGNATURE DATE SIGNED				
FOR I		/ WHEN PMC or NWS CMB	DECISION REQUIRED SIGNATURE DATE SIGNED				

WSRC Form 1001, 9/15/99 Part A - Page 1					
NWS CHANGE FORM	1. ORIGINATOR TRACKING NUMBER				
PART B	PRH00-103H				
All RC/ECP submissions must also address the following information. Indicate if any areas are unkn	nown or do not apply. State why	2. WSH TRACKING NU	MBER		
information is unknown and when it will be available. Attach extra pages if necessary, referencing e					
FUNDING INFORMATION					
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administ development time when applicable.)	strative time, and software	3. SOURCE OF FUNDING	4. TOTAL COST		
5. DEVELOPMENT COSTS (Estimate development costs)			AMOUNT		
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation co	osts)		AMOUNT		
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and doc	cumentation		AMOUNT		
costs)		APO	\$5,000 est		
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring	a costs)		AMOUNT		
6. CONINUNICATIONS SERVICE/CIRCUITS COSTS (IIIClaude IIIStaliation and reculting	ig costs)		AWOUNT		
IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrate)	ive costs)		AMOUNT		
	,				
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits)			AMOUNT		
SUPPORTING INFORMATION					
Provide detailed information needed to i 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start,	11. PRODUCTION STATUS/S		ones such		
Beta Test, and OT&E)	as Solicitation, Contract Star	` *			
N/A	etc.)				
12. IMPLEMENTATION/RETROFIT SCHEDULE	N/A 13. FACILITY INFORMATION	I (Attach facility drawing	ns/nlans)		
APO acquire and provide mass storage–5/15/00; HFO ESA	N/A	(Attach facility drawing	j3/piari3.)		
install-6/1/00					
14. COMMUNICATIONS INSTALLED (Type required, who will order, and	15. COMMUNICATIONS SER	VICE/CIRCUITS TO BE F	REMOVED		
associated hardware required; attach Part B, Page 2, if needed.)	N/A				
N/A					
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person	17. COORDINATION OF CHA	CHANGE WITH OTHER CHANGES			
or organization responsible for obtaining each)	N/A				
N/A					
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial,	19. STAFF RESOURCE IMPA	CTS (Skills and workload	d impact on		
and document numbers. Attach Part B, Page 2, if needed.)	maintainers, operators, and managers.)				
Mstorage 1; Mstorage 2	Minimal: Software configuration if necessary;				
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and	installation of mass stor		d book up		
support equipment impacts.)	21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) N/A				
N/A					
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each	of them and staff hours required	I.)			
N/A	·				

1. ORIGINATOR TRACKING NUMBER **NWS CHANGE FORM** PRH00-103H PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in 2. WSH TRACKING NUMBER related documentation. (Submitters should complete this information, if known. WSH will assist.) 3. ITEM NAME, CIRCUIT 5. SUPERSEDED ITEM OR CONFIGURATION 6. SUPERSEDING PART 7. DOC 8. SUPERSEDED DOCUMENT 9. SUPERSEDING TYPE, SOFTWARE VERSION, REMOVE NUMBER OR NEW TYPE DOCUMENT OR SITE LOCATION REPLACE A. PART NUMBER OR B. SERIAL NUMBER(S) OR COMMENTS CONFIGURATION A. IDENTIFIER A. IDENTIFIER B. REV B. MODIFY CONFIGURATION REV

NWS CHANGE FORM PART C	NUMBER	1. ORIGINATOR TRACKING NUMBER PRH00-1003H						
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change req implementation actions.	uirement or the necessar		CKING NUMBER					
3. CCB COST EVALUATION								
NWS COST \$ FAA COST \$ DOD COST \$ OTHER AGENCY COST \$ (SPECIFY)	TOTAL COST \$							
4. IMPLEMENTATION DOCUMENTS REQUIRED Brigineering Modification Note Software Release Notes Other Document (Specify)								
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions reporting instructions.) Include documentation, data input, notification vehicle, or specific action step require								
5. IMPLEMENTATION ACTIVITY REQUIRED	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION					
Provide additional mass storage devices.	5/15/00	АРО						
Install additional mass storage devices.	6/01/00	HFO ESA						